



# TOWN OF SEEKONK

**APPLICATION FOR PERMIT TO OPERATE DUMPSTER SERVICE, ETC.**  
(Pursuant to Section 31A, Chapter 111 of the General Laws, and Rules of the Seekonk  
Board of Health)

Date: \_\_\_\_\_

*Please print in ink or type*

Application is hereby made for a permit to operate a **DUMPSTER SERVICE** and for the **REMOVAL OR TRANSPORTATION OF GARBAGE, RUBBISH, OFFAL OR OTHER OFFENSIVE SUBSTANCES** in the Town of Seekonk, in accordance with Section 31A, Chapter 111 of the General Laws of the Commonwealth Of Massachusetts and the Rules and Regulations of the Board of Health.

Check whether applicant is:

☐ Individual      ☐ Corporation      ☐ Partnership      ☐ Other

Name of Organization: \_\_\_\_\_

Address of main office: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Names of partners or officers of organization:

Name	Title	Address	Tel. #
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Name	Title	Address	Tel. #
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Name	Title	Address	Tel. #
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Truck #1 Registration Number \_\_\_\_\_ State \_\_\_\_\_ Front Loader or Roll Off

Vehicle Identification Number \_\_\_\_\_

Truck #2 Registration Number \_\_\_\_\_ State \_\_\_\_\_ Front Loader or Roll Off

Vehicle Identification Number \_\_\_\_\_

**ANY APPLICATION RETURN TO YOU, FROM THE BOARD OF HEALTH IS  
SUBJECT TO A FEE OF ONE HALF (1/2) OF THE ORIGINAL FEE. (OVER)**

Truck #3 Registration Number\_\_\_\_\_ State\_\_\_\_\_ Front Loader or Roll Off

Vehicle Identification Number \_\_\_\_\_

Truck #4 Registration Number\_\_\_\_\_ State\_\_\_\_\_ Front Loader or Roll Off

Vehicle Identification Number \_\_\_\_\_

(Please circle type of vehicle)

PLEASE LIST ON AN ATTACHED FORM, THE NAMES AND ADDRESSES OF LOCATIONS (RESIDENTIAL AND COMMERCIAL) THAT ARE SERVICED BY YOU IN SEEKONK.

Return this application and attached the fee of \$50.00 for the Transportation of Garbage, rubbish, offal or other offensive substances, and \$25.00 per truck.

All permits will expire at the end of the calendar year unless otherwise revoked or suspended.

Pursuant to M.G.L. Ch. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number  
Or Federal Identification Number

\_\_\_\_\_  
Signature of Individual or Corporate name

\_\_\_\_\_  
Signature of the Corporate Officer (if  
applicable)